

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445105	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/02/2010
NAME OF PROVIDER OR SUPPLIER SHANNONDALE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7424 MIDDLEBROOK PIKE KNOXVILLE, TN 37909		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure corridor doors could close to a positive latch.</p> <p>The findings include:</p> <p>Observation on November 2, 2010 at 9:15 a.m. revealed the corridor door to patient room 509 failed to close to a positive latch.</p>	K 018	<p>K-018</p> <p>On 11-03-10 the problem with the door properly latching on Room 509 was fixed. By 11-15-10 a thorough inspection of all resident room doors will be conducted by the maintenance department to ensure all resident doors properly latch. On a monthly basis the maintenance director or assistant will make rounds to all of the resident rooms to ensure that they properly latch. While conducting these rounds if a door latch is in need of repair it will be corrected at that time. The Maintenance Director will be responsible for ensuring that this process is completed on an on-going basis.</p>	11-15-10	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA</p>	K 062	<p>K-062</p> <p>The sprinkler head in question was changed on 11-12-10. By 11-15-10 the maintenance director or assistant will conduct a thorough inspection of all sprinkler heads to ensure that no other</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

V. P. and Administrator

11-15-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the sprinkler system is maintained and in a reliable operating condition. The findings include: Observation on November 2, 2010 at 10:05 a.m. revealed one sprinkler head on the second floor across from the electrical room (west) had a heavy build up of rust.	K 062			
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include: Observation on November 2, 2010 at 9:30 a.m. revealed electrical junction box installed above the ceiling at patient room 402 with exposed wiring and no protective cover. Observation on November 2, 2010 at 8:45 a.m. revealed electrical junction box installed above the ceiling at patient room 524 with exposed wiring and no protective cover.	K 147	K-147 On 11-12-10 the electrical boxes referenced will be covered with an appropriate cover. An inspection of all electrical boxes above the ceiling in the hallways will be conducted by 11-30-10 and appropriate repairs will be made as required. The Maintenance Director will confirm with all outside contractors that the electrical boxes will be closed upon completion of any contract work performed. The Maintenance Director will be responsible for ensuring compliance in this area. The electrical plate referenced was replaced on 11-03-10. By 11-30-10 the Maintenance Director or assistant will visible inspect all electrical plate covers in each resident room and immediately make any necessary repairs. The Maintenance Director or assistant will make monthly rounds in each resident		

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K 147	<p>Continued From page 2</p> <p>Observation on November 2, 2010 at 8:30 a.m. revealed one (1) electrical in patient room 506 with a broke cover.</p> <p>Based on observation and interview, the facility failed to assure electrical panels had the required clear space in front of them (NFPA 70,110-16 (d).</p> <p>The findings include:</p> <p>Observation on November 2, 2010 at 10:20 a.m. revealed a cash register within three (3) feet of the electrical panel on the first floor staff cafeteria area.</p> <p>Based on observation, the facility failed to assure electrical extension cords were not in use.</p> <p>The findings include:</p> <p>Observation on November 2, 2010 at 10:15 a.m. revealed one (1) electrical extension cord in use in patient room 213.</p>	K 147	<p>K147 - continued</p> <p>room to ensure all plugs / covers are repaired as needed. The Maintenance Director will be responsible for ensuring compliance with this on-going monitoring.</p> <p>On 11-03-10 the cash register was permanently removed from in front of the electrical panel in question. By 11-3-10 the Maintenance Director or assistant will conduct an inspection throughout the entire building to ensure that no panels are currently blocked. On a monthly basis the Maintenance Director or assistant will visually check in front of each electrical panel to ensure that nothing is blocking the panels. The Maintenance Director will be responsible for ensuring the on-going compliance with this monitoring.</p> <p>On 11-02-10 the extension cord in room 213 was removed and replaced with a cord that has the appropriate independent surge protection built into the cord. By 11-30-10 the Maintenance Director or assistant will make a complete round in all resident rooms and will remove / replace any extension cords with the cords that have the surge protection built into the cord. The Maintenance Director or assistant will make monthly rounds in each resident room to ensure that no inappropriate extension cords are present. The Maintenance Director will be responsible for ensuring compliance with this on-going monitoring.</p>		11-30-10

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